

REMARKS

Claims 13-19 and 26-46 are pending. Claims 1-12 and 20-25 have been canceled without disclaimer, pursuant to their withdrawal from consideration, and subject to Applicant's right to pursue the subject matter of claims 1-12 and 20-25 in a divisional application. Claims 13 and 37 are in independent form.

CLAIM 13

In the action mailed September 13, 2006, claim 13 was rejected under 35 U.S.C. § 102(b) as anticipated by U.S. Patent Publication No. 2002/0107553 by Hill et al. (hereinafter "Hill").

As amended, claim 13 relates to a method that includes receiving a cardiac biological signal that includes information describing events, determining a merit of information describing each event based on one or more of a severity of a cardiac condition associated with the event and a quality of the information describing the event, handling, for medical purposes, information describing a first subset of the events that have merits meeting a merit criterion, and discarding information describing a second subset of the events that have merits that fail to meet the merit criterion. The amendments to claim 13 are believed to make explicit that which was already implicit in the claim.

Hill fails to describe or suggest determining a merit of information describing events, and the handling and discarding of information describing subsets of events, as recited in claim 13. In this regard, Hill describes a system for electrically stimulating nervous tissue. *See, e.g., Hill*, para. [0010]. The system includes a controller 104 that may be implanted or external. *See, e.g.,*

Hill, FIGS. 1A, 1B, 1C; paras. [0037], [0038]. Controller 104 can include a processor 204, a memory 206, and a communication circuit 207. *See, e.g., Hill*, FIG. 2; paras. [0044], [0045]. Signals stored in memory 206 can be transferred via a communication circuit 207 to other devices. *See Hill*, para. [0046].

Hill does not provide details regarding the signal storage in memory 206 and the data transfer by communication circuit 207. For example, there is no description of suggestion that a merit criterion is somehow relevant to these processes. Thus, Hill's memory 206 and communication circuit 207 fail to describe a determination of a merit of information describing events, and the handling and discarding of information describing subsets of events, as recited in claim 13.

The rejection of former claim 13 does not contend otherwise. Instead, the rejection is based on the contention that the treatment of medical conditions using "uniquely tailored set[s] of treatment parameters" by Hill's controller somehow constitutes the handling of events. Applicant respectfully disagrees. As discussed above, the handling of events in former claim 13 is believed to have involved the handling of the information describing the events, rather than medical treatment of the events. Hill's treatment of medical conditions does not speak to Hill's handling of information describing the medical condition. In any case, claim 13 has been amended to make this distinction clear.

Moreover, claim 13 has also been amended to recite the discarding of information describing a second subset of the events that have merits that fail to meet the merit criterion.

Even if one of ordinary skill were to take Hill's tailoring of treatment parameters to somehow constitute the handling of information describing an event, it is clear that Hill does not discard information describing a second subset of events, regardless of the tailoring of treatment parameters.

Thus, claim 13 is not anticipated by Hill. Applicant therefore requests that the rejections of claim 13 and the claims dependent therefrom be withdrawn.

CLAIM 19

Claim 19 was also rejected under 35 U.S.C. § 102(b) as anticipated by Hill. As amended, claim 19 recites the method of claim 13, wherein handling the information describing the first subset of the events includes transmitting the information describing the first subset of events to a remote medical receiver.

The rejection of former claim 19 is understood to contend that the conveyance of information *to external controller 104* constitutes the transmission of information describing the first subset of events to a remote medical receiver. However, the rejection of parent claim 13 is based on the tailoring of treatment parameters *by controller 104* constituting a handling of information describing a subset of the events.

Applicant respectfully submits that it is illogical for controller 104 to constitute both the handler of information and a remote medical receiver to which the handler transmits information in a single rejection. Controller 104 cannot be remote from itself.

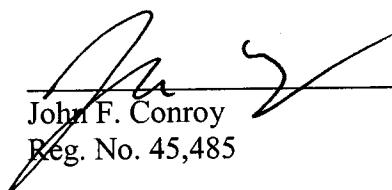
Thus, claim 19 is not anticipated by Hill on at least this additional basis. Applicant therefore repeats the request that the rejection of claim 19 be withdrawn.

It is believed that all of the pending claims have been addressed. However, the absence of a reply to a specific rejection, issue or comment does not signify agreement with or concession of that rejection, issue or comment. In addition, because the arguments made above may not be exhaustive, there may be reasons for patentability of any or all pending claims (or other claims) that have not been expressed. Finally, nothing in this paper should be construed as an intent to concede any issue with regard to any claim, except as specifically stated in this paper, and the amendment of any claim does not necessarily signify concession of unpatentability of the claim prior to its amendment.

Please charge the excess claims fees and any other charges or credits to deposit account 06-1050.

Respectfully submitted,

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